

SD/MC HIPAA Phase I - DMH County HIPAA Testing Procedure

STEP 1. HIPAA Validation

Create an 837P and 837I transaction (if applicable) for testing. See the [DMH Office of HIPAA Compliance - Transactions & Code Sets](#) for detailed information on the content of the transactions for Short-Doyle / Medi-Cal claiming.

STEP 1A. Test your testing data for HIPAA level 5 compliance

All claims files must meet WEDI SNIP Type 1 to type 5 testing requirements (see page 3). If you do not have a testing tool, the following web sites may be of assistance: [Edifecs](#) or [Claredi](#)

STEP 1B. Obtain access to ITWS HIPAA 837 testing area

If you do not have an ITWS user ID yet, you will need to go through the new user enrollment process. See the [ITWS Virtual Tour](#) for detailed information on the enrollment process with ITWS.

If you are an existing ITWS user, you will need to go through the membership addition process to obtain the access to the testing area. See the [ITWS Virtual Tour](#) for detailed information adding memberships with ITWS.

Access to ITWS testing area will NOT be available until you receive the authorization approval email. The process may take up to 3-5 working days. If you have any questions regarding user access, please call Loren Rubenstein at 916-654-6249.

STEP 1C. Zip and name your test data

The password for zipping the file is the same as the one used currently in the production environment. The compressed claim file name must be in the following format:

DMH_SDM_yourcountycode_T_837_yyyymm_##.zip

The text claim file name must be in the format:

DMH_SDM_yourcountycode_T_837_yyyymm_##.txt

- yyyy: Calendar year applicable to the service period of the claims. Only one fiscal year of claims may be included in a single text claim file.
- mm: Calendar month applicable to the service period of the claims. Claims may be from multiple months of services but not cross fiscal years within a single text claim file.
- ##: Sequential number defining the number of files created for the same service period year and month. This character must sequence from "01" through "99".

Each claims file must be compressed and encrypted using PKZip® V6.0.147 or Winzip® V8.0 (or above). Each zip file may contain only one claim file.

STEP 1D. Upload to ITWS

Upload testing data to ITWS. See the [ITWS Virtual Tour](#) for detailed information uploading data to ITWS.

STEP 2. Translation and SD/MC Validation

Test data successfully uploaded will automatically be sent to the translator for processing. An automated e-mail message notifies the county when a 997 is ready for download from ITWS. Errors encountered must be corrected and the test file re-submitted by returning to **STEP 1D**. Successful tests will generate an EOB and 835 (DMH representative will notify the county). Results accepted by the county move on to STEP 3, or return to STEP 1D to re-submit another test file.

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STEP 3. County HIPAA Certification for Production

Certifying for the SD/MC production environment starts by submitting a new 837 (I/P) file with an average claim file size to ITWS (average size file = file sizes currently submitted with the proprietary SD/MC system). **E-mail your DMH representative the file name and total billed amount for the certification file.** The MH1982A claim form should only be faxed to DMH after certified for production and submitting production files.

STEP 3A. Translator Validation

Certification files will be released to SD/MC processing by DMH if it meets an 80% threshold of acceptance. This threshold is calculated by taking the 'total billed amount' from the PRO file (proprietary format translated), dividing that by the 'total billed amount' the county provides to the DMH representative. Any errors must be corrected and the process repeated by **returning to STEP 1D**. DMH will notify the county when the EOB and 835 are ready for download.

STEP 3B. County Acceptance of SD/MC EOB and 835

If the County accepts the results from the EOB and 835, the last step is to send an email confirmation of acceptance to the DMH representative. The County HIPAA Certification Acceptance process will not be completed until DMH receives this email confirmation.

STEP 3C. DMH Production Readiness Letter

DMH will prepare an email with a letter attached certifying the County accepts the HIPAA Certification results. This DMH Production Readiness Letter will also be mailed to the county director for signature (also enclosed is a Trading Partner Agreement and a DMH HIPAA Production Check-off List). Receipt of this e-copy letter of certification is the effective date to begin submitting SD/MC HIPAA production files. **Note: A county once certified is expected to send 837 transactions for claims processing, but the SD/MC Proprietary system is available as a backup contingency plan until a cut-over date is determined. The QA HIPAA Test environment is always available for additional testing.**

DMH Contact Information

Office of HIPAA Compliance
Assistance
837P/835 Transaction Processing
David Hartson
916-653-0736
Dhartson@dmhhq.state.ca.us

DMH Help Desk

ITWS Enrollment or Technical
916-654-3117

Web Links:

[DMH Office of HIPAA Compliance - Transactions & Code Sets](#)

[Edifecs](#) - HIPAA Validation Test Tool

[Claredi](#) - HIPAA Validation Test Tool

[ITWS Virtual Tour](#) - Enrollment Process

[ITWS Virtual Tour](#) - Adding Memberships

[ITWS Virtual Tour](#) - How to Upload Data

SD/MC HIPAA Phase I - DMH County HIPAA Testing Procedure
DMH Short-Doyle / Medi-Cal (SD/MC)
HIPAA Phase I County/Vendor Testing and Certification Procedure
WEDI SNIP Testing Type 1 to Type 5

From: Transaction Compliance and Certification
WEDI SNIP – Transaction Work Group Testing Sub Workgroup
At http://www.wedi.org/snip/public/articles/Testing_whitepaper082602.pdf

Type 1: EDI syntax integrity testing – Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules. This will validate the basic syntactical integrity of the EDI submission.

Type 2: HIPAA syntactical requirement testing – Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. Also included in this type is testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.

Type 3: Balancing – Testing the transaction for balanced field totals, financial balancing of claims or remittance advice, and balancing of summary fields, e.g. all claim line item amounts equal the total claim amount (see pages 19-22, Healthcare Claim Payment/Advice – 835 Implementation Guide).

Type 4: Situation testing – The testing of specific inter-segment situations described in the HIPAA Implementation Guides, such that: If A occurs then B must be populated. This is considered to include the validation of situational fields given values or situations present elsewhere in the file. Example: if the claim is for an accident, the accident date must be present.

Type 5: External code set testing – Testing for valid Implementation Guide-specific code set values and other code sets adopted as HIPAA standards. This will validate the code sets and also make sure the usage is appropriate for any particular transaction and appropriate with the coding guidelines that apply to the specific code set. Validates external code sets and tables such as CPT, ICD9, CDT, NDC, status codes, adjustment reason codes, and their appropriate use for the transaction.